

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	Sandra Maria Salles Hanszmann
	Title	MIXED FRUIT CONCENTRATES AGAINST CONSTIPATION AND METHOD FOR PREPARATION THEREOF
	Art Unit	
	Examiner Name	
Attorney Docket Number		

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature <i>Sandra M. Salles Hanszmann</i>	Date 10/04/2006
Name Sandra Maria Salles Hanszmann	Telephone [55] 11.41.543.307
Title and Company	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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